

Revision: HCFA-PM-86-20 (BERC)
September 1986

Attachment 3.1-B
Page 4a-1

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

9. Clinic Services

Free-Standing Ambulatory Surgery Centers - Payment is made for a facility fee for certain surgical procedures performed in Medicare certified free-standing ambulatory surgical centers which have contracts on file with the Department.

Renal Dialysis Facilities - Payment is made for dialysis services provided by Medicare certified renal dialysis facilities which have contracts with the Department.

Maternity Clinic Services - Medical and Remedial Care services provided by qualified maternity clinics. (See Maternity Clinic Services, Attachment 3.1-A, Page 4a-1.4, Page 4a-1.5, Page 4a-1.6 and Page 4a-1.7 for amount, duration and scope.)

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

10. Dental services

Payment is made for medical and surgical services furnished by a dentist to the extent such services may be performed under State law either by a doctor of medicine or by a doctor of dental surgery or dental medicine when those services would be covered if furnished by a physician.

For children, see Item 4.b., EPSDT.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs

Payment is made on behalf of medically needy recipients suffering from a catastrophic illness, for up to three prescriptions per month when the medication is within the scope of legend drugs. A catastrophic illness includes a terminal illness which can be expected, with reasonable medical judgement, to result in death within six months. This includes malignancies which are inoperable or have widespread metastases and are unresponsive to palliative therapy. Catastrophic illness also includes an end stage illness, severe incapacitating burn or injury for which the duration of anticipated active treatment is six months or more, psychotic disorders, congenital or acquired disease of the blood which require the use of blood or blood products, and immunosuppressive drugs for transplant patients. Mental illness, other than psychotic disorders, Cerebral Vascular Accident (CVA), hormone dependent tumors, isotope sensitive tumors and malignancies with metastases which have been apparent for five years are excluded as catastrophic illnesses.

See 4.b. EPSDT

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups

12. c. Prosthetic devices.

Limited to catheters and catheter accessories, colostomy and urostomy bags and accessories, tracheostomy accessories, nerve stimulators, hyperalimentation and accessories, home dialysis equipment and supplies, oxygen/oxygen concentrator equipment and supplies, respirator or ventilator equipment and supplies, and those devices inserted during the course of a surgical procedure.

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MEDICALLY NEEDY GROUP(S): All Groups

d. Eyeglasses.

See 4.b. EPSDT

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

13.d. Rehabilitative Services

Blood

Inpatient - Payment is made to blood banks for blood when the cost of blood is not included in the hospital per diem cost.

Outpatient - Payment is made for blood and blood fractions on behalf of an eligible recipient who is suffering from a congenital or acquired disease of the blood which requires the use of blood or blood fractions. Payment may be made to physicians, clinics, outpatient hospitals or blood banks providing the illness meets the criteria of a catastrophic illness and the payment is for purchases after the recipient has required the use of blood or blood fractions for a continuous period of sixty days.

Outpatient Behavioral Health Services - Outpatient behavioral health services are covered for adults and children when provided in accordance with a documented individualized treatment plan; developed to treat the identified mental health and/or substance abuse disorder(s). All services are to be for the goal of improvement of functioning, independence, or well being of the client. The client must be able to actively participate in the treatment. Active participation means that the client must have sufficient cognitive abilities, communication skills, and short-term memory to derive a reasonable benefit from the treatment. The assessment must include a DSM IV multi axial diagnosis completed for all five axis. All services will be subject to medical necessity criteria. For DMHSAS contracted and private facilities, an agent designated by the Oklahoma Health Care Authority (OHCA) will apply the medical necessity criteria. For Public facilities (Regionally based CMHCS), the medical necessity criteria will be self-administered. Non authorized services will not be Medicaid compensable with the exception of six units of individual counseling, two units of family counseling, and one unit of treatment plan development per Medicaid recipient per calendar year, one unit of medical review per month, crisis intervention and community based structured emergency care. Payment is made for Rehabilitative Treatment services for children. Children receiving Residential Behavioral Management Services in a Foster or Group Home are eligible for Outpatient Behavioral Health Services only if prior authorized by the OHCA or its designated agent. (See Outpatient Mental Health Services, Attachment 3.1-A, Page 1a-2.2 through Page 1a-2.12 for amount, duration and scope.)

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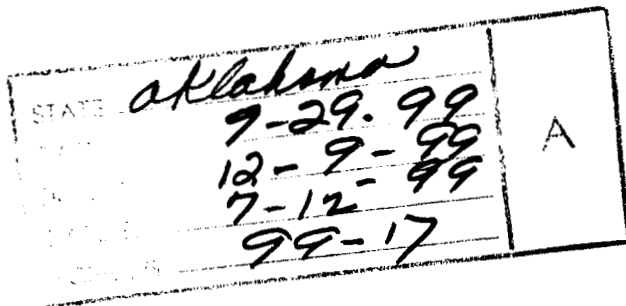
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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

13.d. Rehabilitative Services (Behavioral Health Services)

See item 4.b. EPSDT in Attachment 3.1-B, Page 2a-8.5.



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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

16. Inpatient psychiatric facility services for individuals under 22.

Inpatient psychiatric services for individuals under age 22 will be prior authorized for an approved length of stay by an agent designated by the Oklahoma Health Care Authority. Extensions beyond the approved length of stay may be granted when medically necessary and approved by the designated agent. Medical documentation must be submitted by the hospital and/or physician to the designated agent for consideration.

Limited to those who are receiving such services in an institution which is accredited as a psychiatric facility or program by JCAHO and to those individuals whose plan of treatment and certification of need meets the requirements of 1905(a) of the Social Security Act.

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State: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

19.b. Special tuberculosis (TB) related services under Section 1902(z)(2) of the Act

Ambulatory services to persons infected with TB are those services defined in Section 1902(z)(2) of the Act and are not limited by the limits of the State Plan but require prior authorization when those limits are exceeded.

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State: OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy. Services are limited to pregnancy-related and postpartum services within the scope of the State Plan.
- b. High risk pregnant women, as identified in the risk assessment tool (POPRAS III), are eligible for the following package of enhanced high risk services in qualified maternity clinics:

- Nutritional Assessment/Counseling

Counseling is appropriate for women whose complications require the services of a dietician/nutritionist for treatment of a pregnancy related complication, e.g., diabetes, over/under weight. The services are provided by a registered dietician or licensed nutritionist. The nutritional assessment is done by the registered dietician or licensed nutritionist, and is considered as one unit of nutritional assessment/counseling. If the high risk pregnant woman is eligible for WIC, the nutritional assessment for this program will coordinate with the WIC assessment in order to prevent two programs from doing duplicate assessments.

- Health Education

Health education is covered only for high risk pregnant women, as identified in the high risk assessment tool (POPRAS III). It is designed to prevent the development of further complications during pregnancy and to provide educational information to the pregnant woman in caring for herself during pregnancy. This service may be provided by a registered nurse, nurse practitioner, certified nurse midwife, nutritionist/dietician, or social worker. Education may include, but is not limited to, prenatal care, danger signs in pregnancy; labor and delivery; nutrition, pregnancy risk reduction, postpartum care, reproductive health.

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